TELE-BEHAVIORAL HEALTH

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Problems with the current system

• Kansas ranks 32nd in the nation for access to behavioral health services¹
• More than 53% of Kansas adults with mental illness do not receive treatment²
  • Mental health diagnosis often go unrecognized in primary care
• Primary care providers often under treat mental health diagnosis
  • Also end up managing medications prescribed by other providers
• Screening alone does not improve outcomes for primary care
  • Increases recognition but not considered integrated care by itself

¹2018 Mental Health America report
²Kansas Institute of Health report
Integrating behavioral health into primary care

• 20 years ago, the Institute of Medicine (IOM) declared primary care and behavioral health to be inseparable (National Research Council 1996).

• People who suffer from a chronic disease are more likely to also suffer from depression

• Certain factors can increase an individual’s risk of developing a mental health disorder

²Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Prev Chronic Dis 2005;2(1)
Top 10 Health Conditions by Annual Costs per 1000 FTEs

- Depression
- Obesity
- Arthritis
- Pain – spinal
- Anxiety
- GERD
- Allergy
- Other Cancer
- Other Chronic Pain
- Hypertension
Integrating behavioral health into primary care

• Focus is NOT on mental health but the bio-psychosocial factors relating to physical health
• Addresses improving patients health and well being
• Focus is on reduction of disease-related problems
• Focus is on treatment adherence and better medication management across providers, as a care team wrapped around the patient
Network participants

• Evidence-based, rural Telebehavioral Health Network

- The University of Kansas Hospital (UKH) – hub site
- 10 rural member sites – spoke sites

UKHS Pawnee Valley Campus
UKHS Great Bend Campus
Hays Medical Center
Smith County Hospital
First Care Clinic
Citizens Medical Center
Norton County Hospital
Rawlins County Health Center
Edwards County Hospital and Health Care Center
Beloit Medical Center
Primary focus is behavioral conditions that co-occur with chronic conditions
  • Coping with chronic conditions (i.e. adherence, healthy lifestyle)
  • Depression and suicide prevention
  • Anxiety
  • Pain management
  • Substance use disorder (i.e. opioids, alcohol)
  • Acute life event (i.e. cancer, loss of spouse/child/parents)

Target population is adults; majority likely Medicare beneficiaries
  • Services are being discussed related to pediatric patients
    ▪ Primary issues you identify in your community?
WHERE DO YOU SEE THE BIGGEST NEED FOR ADULT BEHAVIORAL HEALTH SERVICES IN YOUR COMMUNITY?

- Assist stakeholders across community on tobacco cessation or other public health issues?
- Screening for substance use disorders?
- Learning more about assisting BH in managing SUD including drug management
- Others?
SCHOOL-BASED TELEHEALTH ANSWERS “THE CALL” IN A NEW WAY

School nurse, counselor, psychologist, special education linchpin linking patient/guardians, education system, specialty behavioral health, and primary care
KANSAS DISASTER OUTREACH (KANDO)

One-year, $1 million grant from SAMHSA focused on behavioral-health needs related to recovery in communities impacted by disasters.
TELEHEALTH ROCKS TOGETHER

• August, 2021 received Office for the Advancement of Telehealth Technology-Enabled Learning Program.

• Goal: Enhance pediatric health and behavioral health following the COVID19 pandemic.
  • Utilizing a menu of telementoring activities, increase training and collaboration with multidisciplinary specialists
  • Partnering with the Rural Telementoring Training Center (University of Texas-San Antonio).
  • Utilize ECHO telementoring model and other training approaches.
UNIVERSAL/COMMUNITY INTERVENTIONS VIA TELEHEALTH

• Online training in Psychological First Aid for Schools and Communities, with telehealth coaching specific to the pandemic and disaster preparedness—anyone in community

• Child-Adult Relationship Enhancement (CARE)—those who work with children

• Parent Child Interaction Therapy (PCIT)-Clinicians

• Skills for Psychological Recovery, disaster-focused-Clinicians

• Ongoing Project ECHOs
• Began at the University of New Mexico with Hepatitis C treatment
• Guided-practice model that reduces health disparities in under-served and remote areas.
• Use of telementoring and a hub-and-spoke knowledge-sharing approach.
  • Expert teams lead virtual clinics
  • Amplifies capacity for providers to deliver best-in-practice care to the underserved in their own communities.
RECENT AND ONGOING ECHOS

• Fall 2019-Suicide Prevention and Response
• Spring 2020-Function Fridays for Better Behavior
• Fall 2020-Back to School with Better Behavior
• Fall 2020-KanDO Together Resilience/Self-Care (Continues Spring 2021)
• Spring 2021-All Under One Roof: Caring for Children with Medical Complexity
• Spring 2021-Food Allergy Education for the School Setting
• Spring 2021-New Guidelines for the Use of Psychotropic Medications in Kansas Medicaid
• Summer 2021-Psychological First Aid and Skills for Psychological Recovery
TELEHEALTH ROCKS COMMUNITIES

- August, 2021 Office for Advancement of Telehealth Evidence-Based Telehealth Network Funding.

- Evidence-based universal, targeted, and intensive interventions for children and their families.
  - Intensive interventions/clinical services: direct behavioral health services including therapy and specialized services to include parent training, developmental assessment, and psychiatric medication management.
  - Additional services include health education, screenings, and referrals and assistance obtaining needed care and services through linkage to health and social service systems.

- Use of Community Health Workers with a focus on social determinants of health.
Pediatric & Family Behavioral Health Services

Linkage to social services and social determinants impacts

Patient driven care

KUMC Behavioral Health Specialists

CHC/SEK Therapists

USD 445 Therapists

Community Health Workers

School Staff/ Community Service Providers

Parents/ Guardians and Patients
EMS FOR CHILDREN COLLABORATIVE

• Telehealth Collaborative led by EMS for Children Innovation and Improvement Center held January through June, 2021
  • Kansas Department of Health and Environment Childrens Mercy Hospital led collaborative.

• Goals:
  • *Enhance access to emergency care* through the use of telehealth for behavioral health emergencies.
  • *Assess, develop, and disseminate best practices* to support the needs to children with behavioral health emergencies.

• Recent outcome is a pediatric behavioral health emergencies community of practice with first session on October 28th focused on de-escalation of children in an acute crisis situation.
WHERE DO YOU SEE THE BIGGEST PEDIATRIC BEHAVIORAL NEED IN YOUR COMMUNITY?

• Suicide Prevention?
• Pediatric Psychiatry including drug management
• Pediatric Psychology/Therapy
• Other Behavioral Health Specialist Visits—Autism diagnosis, applied behavioral analysis, developmental pediatrics, toileting, feeding.
• Others?
Telebehavioral Health Coding and Billing

Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I
Richelle Marting
JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I
Richelle Marting is an attorney, registered health information administrator, and certified coder who focuses on healthcare coding, billing, and reimbursement issues. She has practical, in-the-trenches experience with coding and billing issues. She has served as an outpatient multi-specialty surgery coder, hospital-based outpatient coder and a compliance coordinator for a large multi-specialty medical group. As an attorney she advises clients proactively on complex reimbursement questions and has guided multiple clients through extensive Medicare and OIG audits and investigations.
Overview

Behavioral Health Integration

KMAP

Psychiatric Collaborative Care

Missouri HealthNet

Oklahoma Medicaid
BHI is a team-based, collaborative approach to care that focuses on integrative treatment of patients with primary care and mental or behavioral health conditions.

Behavioral Health Integration
BEHAVIORAL HEALTH INTEGRATION

Care Team Members

- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (for example, cardiology, oncology, psychiatry).
- **Beneficiary** – The beneficiary is a member of the care team.
- **Potential Clinical Staff** – The billing practitioner delivers the service in full or uses qualified clinical staff to deliver services using a team-based approach. Clinical staff includes contractors who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant.
BEHAVIORAL HEALTH INTEGRATION

- Initial assessment by primary care team (the billing provider)
- Administration of validated rating scale(s)
- Care planning by primary care team
- Facilitation and coordination of behavioral health care

- Not limited to behavioral health providers

ELIGIBLE CONDITIONS

Any mental, behavioral health, or psychiatric condition treated by the billing practitioner, including substance use disorders

RHC, FQHC Covered G0511
BEHAVIORAL HEALTH INTEGRATION

- Generally performed by clinical staff incident-to provider’s services
- Incident-to typically requires direct supervision
- BHI is a designated care management service, general supervision
- Assessment and treatment plan does not have to be comprehensive
- Could be reported with chronic care management for different conditions
- Clinical staff time spent coordinating care with the emergency department may be reported using 99484, but time spent while the patient is inpatient or admitted to observation status may not be reported using 99484

99484
Care management services for behavioral health conditions, **at least 20 minutes** of **clinical staff** time, directed by a physician or other qualified health care professional, **per calendar month**, with the following required elements:
- initial assessment or follow-up monitoring, including the use of applicable validated rating scales
- behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes
- facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation
- continuity of care with a designated member of the care team
CoCM is a model of behavioral health integration that enhances usual primary care by adding two key services to the primary care team, particularly patients whose conditions are not improving.

Psychiatric Collaborative Care
PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT

Care Team Members

- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (physician assistant or nurse practitioner); typically primary care, but may be of another specialty (for example, cardiology, oncology)

- **Behavioral Health Care Manager** – A designated individual with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner

- **Psychiatric Consultant** – A medical professional trained in psychiatry and qualified to prescribe the full range of medications

- **Beneficiary** – The beneficiary is a member of the care team
PSYCHIATRIC COLLABORATIVE CARE

- Initial assessment by primary care team (the billing provider)
- Administration of validated rating scale(s)
- Care planning
  - Behavioral health care manager performs proactive, systematic follow-up using validated rating scales and a registry
    - Assesses treatment adherence, tolerability, and clinical response using validated rating scales;
    - Delivers brief evidence-based psychosocial interventions such as behavioral activation or motivational interviewing
- Regular case load review with psychiatric consultant:
  - The primary care team regularly (at least weekly) reviews the beneficiary’s treatment plan and status with the psychiatric consultant
  - The primary care team maintains or adjusts treatment, including referral to behavioral health specialty care, as needed
- RHCs/FQHCs report with G0512; rev code 052X and no modifier CG
PSYCHIATRIC COLLABORATIVE CARE

**G2214 Initial or subsequent** psychiatric collaborative care management, *first 30 minutes* in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.

**99492 Initial** psychiatric collaborative care management, *first 70 minutes* in the *first calendar* month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.

**99493 Subsequent** psychiatric collaborative care management, *first 60 minutes* in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.

**+99494** Initial or subsequent psychiatric collaborative care management, *each additional 30 minutes in a calendar month* of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.

**G0512 FQHC/RHC** – Psychiatric Collaborative Care Model services: Minimum of *70 minutes* in the *first* calendar month and at least *60 minutes* in subsequent calendar months.
Although KMAP doesn’t list BHI or CoCM on its fee schedule yet, other telebehavioral health services are covered.
AUTISM-RELATED TELEHEALTH

- Allowed for patients at home
- Use CPT code with POS 02
- No originating site fee unless a provider is present with the patient

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<th>Description</th>
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<td>Behavior identification assessment administered by a physician or other qualified health care professional, each 15 minutes</td>
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<td>97152</td>
<td>Behavior identification-supporting assessment, administered by one technician under the direction of the physician or other qualified health care professional, each 15 minutes</td>
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<td>97153</td>
<td>Adaptive behavior treatment by protocol, each 15 minutes</td>
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CRISIS INTERVENTION

- H2011 (Crisis Intervention at the Basic Level)
- H2011 HK (Crisis Intervention at the Intermediate Level)

Allowed to be reimbursed via telemedicine (both tele-video and telephone)

In effect since March 2020, effective until withdrawn
OTHER TELEBEHAVIORAL HEALTH SERVICES

- Most services added to KMAP’s telehealth list as a result of the PHE are behavioral health:
  - H0031 Mental Health Assessment
  - Psychotherapy

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**Telehealth only**
BHI, CoCM are not on the fee schedule yet, but telehealth is growing and MO HealthNet offers greater flexibility on originating sites.
OTHER TELEBEHAVIORAL HEALTH SERVICES

- Can be provided in schools (POS 03), modifier GT
- BHI, CoCM not paid yet
- Covered services may require precert/preauth to the same extent as face to face services

### Distant Site Reimbursement

- **01/01/2019 thru 03/31/2019**: $346,663 (7,240 units)
- **04/01/2019 thru 06/30/2019**: $420,403 (8,768)
- **07/01/2019 thru 09/30/2019**: $1,468,335 (18,334)
- **10/01/2019 thru 12/31/2019**: $1,593,937 (18,023)
- **02/01/2020 thru 03/31/2020**: $9,245,056 (74,305)
- **04/01/2020 thru 06/30/2020**: $13,938,071 (244,106)
Oklahoma Medicaid has clearer policies covering BHI, RPM, and look for coverage of RTM in the coming months.
OTHER TELEBEHAVIORAL HEALTH SERVICES

- Pays for BHI: [22928.pdf](oklahoma.gov)
  - Services meeting these policy requirements can be delivered via telehealth or RPM
- Services covered in the school setting.
- Covers RPM
- List of behavioral health services covered via telemedicine: [Microsoft Word - Reimbursable Behavioral Health Telemed Services_rev 7.18.18](oklahoma.gov)
- Behavioral health fee schedule: [Microsoft Word - TFC and ITFC rates and codes 05142020.docx](oklahoma.gov)
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I